

King County Board of Health

Secure Medicine Return

MINUTES

November 14, 2012

3:00 PM – 5:00 PM

Location: Chinook Building, Room 126, 401 Fifth Avenue, Seattle, 98104

Attendance: Chair Joe McDermott, Board of Health members David Baker, Richard Conlin, Dr. Bud Nicola, and Public Health Director Dr. David Fleming

Staff: Doreen Booth, SCA; Dr. Margaret Shield, Local Hazardous Waste Management Program; Erik Sund, KC Council Staff; Maria Wood, Board of Health Administrator

Observers: Jeff Gombosky, PhRMA; Karen Bowman, WSNA/KCNA; Suellen Mele, Zero Waste Washington; Lisa Hart, UW School of Nursing; Rudy Cyanza, Navos – Coalition for Drug-Free Youth

Time	Agenda Item
3:00	Introductions – Chair McDermott
3:05	<u>Follow up from last meeting – staff</u> Dr. Shield reviewed meeting materials, pointing to “your health at hand book” with categories and active ingredient list of over-the-counter (OTC) drugs and other resources. Subcommittee reviewed the working list of policy categories that the subcommittee will be working on
3:15	<u>Discussion with stakeholders</u> 1. Ms. Ginette Vanasse, Executive Director, Post-Consumer Pharmaceutical Stewardship Association (PCPSA), British Columbia <u>Related materials include:</u> see: Powerpoint slides Medication Return Programs in Canada; Unwanted Medicines Collected in King County, Neighboring Counties, British Columbia, 2011; and Producer Provided Medications Return Program in British Columbia. Ms. Vanasse presented a summary of the history, organization, and operations of the BC Medications Return Program. Discussion included: BC program has about 95% voluntary participation of pharmacies after 15 years with over 1,100 collection sites, Manitoba 72% pharmacy participation but has only been operating for a couple of years with 280

	<p>collection sites. In BC, screenings of returned medicines have found 80% are prescription and 20% are over-the-counter or natural health products and this ratio is used to divide program costs between the two industry sectors. The brand and generic prescription drug producers determine the contribution of each company by number of prescriptions dispensed per year for their 80% of the contribution, while the consumer health/OTC producers use total sales per year to determine the distribution of their 20% contribution. Fine for non-participation by a drug producer is around \$200,000 and has never been levied in any of the Canadian programs. Another consequence is blocking the sale of a non-compliant companies products in the province, which has not ever been implemented either. Ms. Vanasse stated that it is a challenge to enforce the law with companies that are not located in the province. Ms. Vanasse also compared different approaches to product stewardship in Canadian provinces, stating that the PCPSA prefers the Extended Producer Responsibility approach in B.C. and Manitoba where a regulation defines the program requirements, but allows the industry to determine the details of program operations over the Industry Stewardship Plan approach where government tries to define procedures for all products in the same way.</p>
3:45	<p><u>Policy discussion</u> – Chair McDermott, staff (see handouts Defining “Covered” Drugs and Defining the Collection System background info packets for each)</p> <ul style="list-style-type: none"> • <u>Defining “Covered Drugs”</u> <p><u>Discussion included:</u> Dr. Shield reviewed background materials from the handouts. Subcommittee acknowledged that if the collection system is an unmanned collection box, we can’t control what people drop off -- so some items intended to be excluded will be dropped off in the collection system. Messaging on covered drugs should be simple for people to understand to maximize appropriate use of the take-back system.</p> <p><u>Decisions:</u></p> <ol style="list-style-type: none"> 1. The policy should include prescription drugs from residential sources, both brand name and generic, sold in any form, including controlled substances. Prescription drugs for pets that are used in the home are also included. <u>Exemptions include:</u> <ul style="list-style-type: none"> • Drugs that have an established take-back system provided by the drug producer in place as mandated by the FDA. • Drugs that are biological products if the producer already provides a take-back program. 2. <u>Rationale</u> — Patients using these specialized drugs already receive information about safe disposal through a take-back system provided by the drug producer. The policy should include

over-the-counter drugs from residential sources.

Exemptions include: OTC drugs that are also regulated as cosmetics under the federal Food, Drug, and Cosmetics Act, such as sunscreens, toothpastes, and antiperspirants; pet pesticide products like flea collars.

Rationale – OTC drugs are included because many also pose a risk of poisoning or abuse when accidentally or intentionally misused. However, OTC/cosmetic products and pet pesticide products are not the target of medicine take-back programs and are also not viewed by most of the public as drugs.

3. The policy should exclude vitamins and supplements, herbal-based remedies and homeopathic drugs, products, or remedies.

Rationale - This category includes things that are predominately naturally occurring chemicals and substances that pose little or much lower risk of harm to human health or the environment.

- Defining the Collection System

Discussion included: Dr. Shield reviewed background materials from the handouts. The committee decided that the preferred collection method is drop-off at established locations including pharmacies and law enforcement offices. Collection events and mail-back are options should be employed as exceptions only in the event that an ongoing drop-off location is not available, for example in a small town or city that does not have a pharmacy, or if certain populations may not be able to access an ongoing drop-off location such as people who are homebound.

Decisions:

1. Primary collection methods should include:

- Ongoing drop-off locations at pharmacies

Rationale – Make the system simple and accessible; take back medications at the same place you picked them up.

- Ongoing drop-off locations at law enforcement offices

2. Secondary collection methods to be used as exceptions or ways to overcome specific barriers should include:

- Collection events

- Mail-back

Rationale – Offering other options makes the system more complicated; however, offering some limited exceptions specifically designed to overcome barriers to use seems reasonable.

Remaining policy decisions on defining the collection system were tabled due to time.

4:50	<p>Follow up</p> <ol style="list-style-type: none"> 1. Figure out the best way to describe what pet medications/prescriptions are accepted. 2. Under a regulation that has mandated participation by producers to create a system, but voluntary participation for collectors, the producers could encounter a situation where there are no available collection sites in a specific area of the county. Consider what language needs to be included in the regulation to avoid having producers accountable for being out of compliance if such situations arise.
5:00	<p>Adjourn</p> <p>Next meeting: Dec 5, 9-11AM, KC Courthouse SW Conference Room, 12th Floor</p> <p>Meeting dates for January and February coming soon</p>